



**GULF COUNTY, FLORIDA
BUILDING DEPARTMENT**

1000 CECIL G. COSTIN, SR, BLVD., ROOM 305 * PORT ST. JOE, FLORIDA 32456 * PHONE (850) 229-8944 * FAX (850) 229-7873

RESIDENTIAL BUILDING PERMIT APPLICATION

1. OWNER'S NAME: _____

2. OWNER'S MAILING ADDRESS: _____

3. OWNER'S PHONE NUMBER: _____ CELL#: _____

4. PROPERTY ADDRESS OF CONSTRUCTION: _____

NOTE: CONTACT THE 911 OFFICE FOR ADDRESS VERIFICATION.

5. PARCEL NUMBER: _____

6. LEGAL DESCRIPTION: _____

7. CONTRACTOR'S NAME: _____

8. CONTRACTOR'S MAILING ADDRESS: _____

9. CONTRACTOR'S PHONE NUMBER: _____ CELL#: _____

10. CONTRACTOR'S FLORIDA LICENSE NUMBER: _____

11. CONTRACTOR'S FLORIDA LICENSE EXPIRATION DATE: _____

12. ENVIRONMENTAL HEALTH PERMIT NUMBER: _____

a. Department of Environmental Health phone number: (850) 227-1276
(ext: 125)

13. SEWER RECEIPT (if using the City of Port St Joe, FL)

a. City of Port St. Joe, FL office phone number: (850) 229-8261

14. FLOOD ZONE DESIGNATION: () X () A () AE ELEVATION: _____
VE ELEVATION: _____

15. IF LOCATED IN A FLOOD ZONE, A FLOOD STATEMENT LETTER OR ELEVATION CERTIFICATE
MUST BE PROVIDED WITH THE PERMIT APPLICATION.

16. IF THE CONSTRUCTION IS LOCATED IN A FLOOD ZONE:

- a. THE BUILDING DEPARTMENT **MUST** HAVE A SEALED ELEVATION CERTIFICATE.
- b. THE CERTIFICATE **MUST** INCLUDE AN ELEVATION FOR THE LOWEST MACHINERY LEVEL. (THE LETTER "E" ON THE CERTIFICATE). **"N/A" ON THE ELEVATION CERTIFICATE WILL NOT BE ACCEPTED.**

17. TWO (2) COPIES OF PLANS SIGNED AND SEALED BY A REGISTERED FLORIDA ENGINEER OR ARCHITECT.

- a. **MUST** have wind loads of 140 mph. If North of the Intracoastal canal then 130 mph.
- b. All plans **MUST COMPLY** with the **2010 Florida Building Codes. NO EXCEPTIONS!**

18. SITE PLANS IDENTIFYING NEW CONSTRUCTION AND ALL PROPERTY LINE SETBACKS **TO INCLUDE ALL OTHER STRUCTURES WITHIN THE CONSTRUCTION AREA.**

19. PROVIDE WINDOW PROTECTION REQUIREMENTS IF SOUTH OF ICW: _____

20. PROVIDE AN ENGINEERED TRUSS DETAIL: _____

21. PROVIDE THE "FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION" FORM. THIS FORM **MUST** INDICATE A RATING WITH A PASSING SCORE.

22. "NOTICE OF COMMENCEMENT" FORM. This form can be obtained at the Gulf County, FL Clerk's office.

23. UPON CONSTRUCTION COMPLETION: PROVIDE A RAISED STAMPED POST-CONSTRUCTION SURVEY.

- a. THE SURVEY **MUST** IDENTIFY THE EXACT PROPERTY LINES.

NOTE: THE DEPARTMENT OF ENVIRONMENTAL HEALTH FINAL INSPECTION **MUST** BE COMPLETED BEFORE THE SCHEDULING OF A FINAL INSPECTION.

NOTE: ITEMS (15 and 23) **MUST** BE RECEIVED BY THE BUILDING DEPARTMENT BEFORE THE FINAL INSPECTION IS SCHEDULED. IF NOT, THIS COULD DELAY THE ISSUING OF A "CERTIFICATE OF OCCUPANCY".

BUILDING DEPARTMENT DAYS AND TIMES OF OPERATION

MONDAY THRU THURSDAY - 7:00 a.m. – 5:30 p.m. EASTERN TIME